



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD

2013 OCT 30 AM 8 23

File with: City of New Bedford Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:  **BOARD OF ELECTION COMMISSIONER**

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

**Bruce Duarte SR**  
Candidate Full Name (if applicable)

**Ward 4**  
Office Sought and District

**804 Kempton ST NB**  
Residential Address

Telephone Number (optional): **774 930 2737**

**CTE Bruce Duarte JR.**  
Committee Name

**Michelle Duarte**  
Name of Committee Treasurer

**804 Kempton ST**  
Committee Mailing Address

Telephone Number (optional): **774 930 2738**

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

**9.97**

Line 2: Total receipts this period (page 3, line 11)

**3206.00**

Line 3: Subtotal (line 1 plus line 2)

**3215.97**

Line 4: Total expenditures this period (page 5, line 14)

**2531.67**

Line 5: Ending Balance (line 3 minus line 4)

**684.30**

Line 6: Total in-kind contributions this period (page 6)

**0**

Line 7: Total (all) outstanding liabilities (page 7)

**1875.00**

Line 8: Name of bank(s) used:

**NB Credit Union**

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: **Michelle Duarte** (Treasurer's signature)

Date: **10/28/13**

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

##### Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: **Bruce Duarte** (Candidate's signature)

Date: **10-29-13**

## SCHEDULE A: RECEIPTS

M.G.L.c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/2/13	Antonio Oliveria 37 Alfred ST NB	90.00	
	Bank of America (Christopher Saunders)	100.00	
	CTE Bruce Oliveria 119 Plymouth ST NB	90.00	
	CTE Peter Bernhauum 29 Arnold ST NB	45.00	
	Carlos Dacunha 5 Freedom Way Bld NB	45.00	
	CTE Tony Cadral 25 Moreland Lx NB	45.00	
	CTE Jon Saunders	100.00	
	David Gorkwatschki 56 Agawan ST	100.00	
	David + Linda DeJesus 222 Edmund DR Kingston	45.00	
	Edward Debrass	100.00	
	Fernando Garcia 53 Snow ST NB	90.00	
	Gabriel DAKOSA 56 W WOOD DR. NDART	180.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/2/13	James Dolores Leal 17 Prince St Fair Haven	100.00	
	Jose Matos PO Box 50991 NB	45.00	
	James Casey 33 Calumet Rd	45.00	
	Jose + Maria Pimental 321 Hawk St NB	90.00	
	Heather + Erin Hovan 316 Marys Ford Rd.	46.00	
	Lisa Kaminski (Sam Sutter)	30.00	
	Louis Chabral 304 Church St Dr.	100.00	
	Lawrence Bucha 45 Wamsutter Ave	100.00	
	Michael Living Stone 261 Union St NB	100.00	
	Michael Barry 28 Davis St	100.00	
	Michael Camara (ABC Disposal)	300.00	ABC Disposal
✓	MARILYN GONCALVES 442 Hampton St NB	45.00	
	MARGARETA ALAGO 475 Russells Mills Rd	90.00	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/12/13	MARK NEARLEY 30 CAROL ST	45.00	
	MARIANN DAKOTA 23 Wilding ST	45.00	
	NB Police Union PO Box 40068 NB	100.00	
	LT. COL. GARY CORREIRA 54 Swallow ST NB	100.00	
	Peter + Joan Barney 507 Rockdale Ave	90.00	
	Phillip David 877 MT Pleasant ST.	90.00	
	Robert Novack PO Box 895	45.00	
✓	ROSAMARY TURNER 332 Maple ST NB.	90.00	
	Ruth Glicksman 1550 Bradnaram Ave	90.00	
	Shaun Braz 4716 Brock Ave	45.00	
	Scott Downing 74 James ST	100.00	
	Thomas Davis PO Box 86	45.00	
	William McEuan Sr. PO Box 230	100.00	
Line 9: Total Receipts over \$50 (or listed above)		2590.00	
Line 10: Total Receipts \$50 and under* (not listed above)		616.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3206.00</b>	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/11/13	Eagle Printing	10 KRAMER ST SO DART	Signs	429.17
1/20/13	Boys + Girls Club	NORTH ST	Donation	25.00
6/25/13	CTE John Saunders		Donation	100.00
2/16/13	Tom Lopes Scholarship	Maxfield St	Donation	25.00
9/10/13	Tom Lopes Scholarship	Maxfield St	Donation	50.00
6/19/13	Young Imagination	Cedar St	Donation	75.00
7/20/13	Young Imagination	Cedar St	Donation	25.00
6/12/13	Way Point Event Center	McArthur Dr	fundraiser	175.00
10/3/13	Chris Mein Company	Fall River	Dinner	75.00
10/20/13	Pulse Printing	NB.	flyers	552.50

Line 12: Expenditures over \$50 (or listed above)

2406.67

Line 13: Expenditures \$50 and under\* (not listed above)

125.00

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

2531.67

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

[illegible]

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

1875.00